

**Office of Health Care Quality
Outpatient Mental Health Clinic
Survey Tool**

Licensee Name			
Name of Surveyor		Affiliation	
Agency Contact			
Contact Number			
Type of Survey		Date of Survey	
CSA		Contact Number	
Program Information			
1	Program Name		
	Program Address		
	Number of Individuals		
	Children/Adults		
Administrative Staff: 10.21.20 & 10.21.17			
Program Director: 10.21.20.08 & 10.21.17.11			
Medical Director: 10.21.20.08 & 10.21.17.11			
Multidisciplinary Team: 10.21.20.08 & 10.21.17.11			
Program Overview 10.21.20. and 10.21.17			
Linkage with Psych Inpatient Facility, RTC, or Detention Center: 10.21.20.03			
Board of Directors/Advisory Committee 1/3 Community/Meet Quarterly: 10.21.17.03			
Volunteers/Interns: 10.21.17.09			
Hours of Operation 40 Hours a week Weekends and Evenings: 10.21.20.04			
Program Staff: Program Director – Mental Health Professional w/masters degree 20 hrs week: 10.21.20.08 Medical Director – psychiatrist – 20 hours a week (hours include more than 1 site): 10.21.17 & 10.21.20.08 Multidisciplinary Team – 2 of the 3 RN, Psychologist, or LCSW: 10.21.20.06			
How often does group therapy occur? Who attends?: 10.21.20.06 How often is individual therapy conducted?: 10.21.20.06			

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Fire Survey	
Policy and Procedures on Credentialing: 10.21.20.08 & 10.21.17.05 Discharge: 10.21.20	
RM and QM Reviews: 10.21.17.10	

Personnel Records						
	Staff Name	Position		Staff Name	Position	
1			4			
2			5			
3			6			
Requirement 10.21.17.08 C	1	2	3	4	5	6
Current Job Classification						
Resume including 1. education (bachelors/AA-Children) 2. Relevant work experience. 3. specialized skills						
Proof of Certificate/licenses						
Background check (Children Only)						
Reference Checks						
Annual Drivers report						
Orientation within 3 months						
Orientation includes 1. Individual rights 2. Psych and medical emergency protocol including crisis management and suicide						

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3. P&P						
4. Overview of service delivery system						
Required Training within 3 months						
HR Development: 10.21.17.09						
CPR						
First Aid						
Infection Control						
Emergency evacuation procedures						
Additional Quarterly Trainings						
Comments:						

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Individual File Review			
1	Name of Individual		Adult or Child
	Date of Birth		Date of Admission
Eligibility 10.21.20.04			
Pre-Admission Assessment: 10.21.20.04			
Within 5 days of referral from Inpatient or 10 from other source face to face assessment completed (urgent referral 2 hours)			
Assessment include strengths, Available resources, Treatment needs			
Admission 10.21.20.04			
Within 10 days of referral initiate services (30 Days if Authorized by ASO or 2 hours if urgent)			
Record Maintenance: 10.21.17.06			
Identifying information Name, sex, age, marital status, DOB			
Reason and source of referral, Address and Telephone number, Emergency Contact, Acceptance and initial service dates			
Assessment and Diagnosis: 10.21.20.05			
Before individuals fifth visit conduct a face to face with psychiatrist			
Diagnosis – Documented or affirm one not more then 6 months old Description of presenting problem, Relevant history, Mental status exam, Rational for diagnosis, Organic determinant, Treatment with medication			
Additional Assessment 10.21.20.05			
Face to face by Treatment coordinator before fifth visit, Assess level of functioning, availability of family and other social supports			
Development Assessment: 10.21.20.05			
If not completed with in 6 months prior to admission before fifth visit Development History , Educational Home environment, Family History Social, emotional, cognitive, Motor language, and self-care, History Substance abuse , Physical or sexual abuse, Out of home placements, DSS or DJS involvement			

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Physical Examination: 10.21.20.05	
Within 6 months of admission document individuals 1 year physical exam results	
Individual Treatment Plan: 10.21.20.05	
No later than fifth visit Needs, strengths, treatment expectations Diagnosis, Short and long term goals(measurable and Target Dates), Modality, frequency and responsible staff for treatments	
Treatment Plan Review: 10.21.20.05 (3)	
Minimum 6 months Progress towards goals, Goal changes Changes in treatment strategies or diagnosis	
ITP Signatures: 10.21.20.05	
Individual, Treatment Coordinator w/mental health professional supervision, Psychiatrist (if receiving meds), Additional mental health professional If Applicable , Parent Case manager	
Continuing evaluation: 10.21.20.05	
Contact notes after every contact Progress summary notes Delivery of services, Progress towards achieving goals, Individuals status, Suggested changes if applicable	
Interactive Therapies As required by ITP: 10.21.20.06	
Individual , family , group	
Psychiatrist Notes (if receiving meds) 10.21.20.06	
Rational for prescribing the medications Face to Face evaluation Explain benefits and side effects of meds	
90 day evaluation Educated individual on, Name of med, Dosage, Frequency, Storage, Expected results, Possible side effects	
Education Regarding Medication As required by ITP: 10.21.20.06	
Verify individuals understanding of the directions for administration	
Provide info regarding role effects and importance of medication	
Health Promotion and Trainings: 10.21.20.06	
HIV/STD's/AIDs, Blood borne pathogens	

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Case Management Services: 10.21.20.06 IF applicable	
Coordinates: Housing, School, Employment, Entitlements Social needs, Rehabilitation Treatment	
Crisis Services: 10.21.20.06	
Crisis response plan – Individualized	
Therapeutic group home screening: 10.21.20.06 & 10.21.20.07 Children	
As needed	
10.21.20.06 Specialized Services: 10.21.20.06 Children	
School Based As needed Foster Family and Family of origin (as needed)	
Discharge Summary Procedures: 10.21.17.07	
Community supports 3) Within 10 working days after an individual is discharged from a program, (a) Reason for admission; (b) Reason for discharge; (c) The individual's address; (d) Summary of services delivered, including frequency and duration of services, and progress made; (e) If appropriate, diagnosis and prognosis at the time of discharge; (f) Current medications, if applicable; (g) Continuing service recommendations and summary of transition process; (h) The name and address of the involved family members or significant others and, if the individual is a minor, the child's primary caretaker; (i) The extent of the individual's involvement in the discharge plan; and (j) When required by the regulations governing the specific program, signature of the psychiatrist, responsible physician, or psychologist.	